Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Left Knee - Anterior Cruciate Ligament Rupture

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 6 March 2006;
- A role 2 assessment and aspiration record by the medical officer, Iraq, dated 14 August 2006;
- A regimental aid post record by the medical officer, Iraq, dated 24 August 2006;
- An MRI left knee report by the radiologist, dated 21 November 2006;
- An orthopaedic consultation by the orthopaedic surgeon, dated 5 December 2006;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 14 January 2010;
- A role 2 assessment by the medical officer, Afghanistan, dated 3 April 2010;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 22 June 2010;
- An MRI left knee report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 29 June 2010;
- An operation report by the orthopaedic surgeon, dated 19 August 2010;
- An X-ray left knee report by the radiologist, dated 2 May 2013.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

7 March 2003 and 11 October 2013

Left Knee - Anterior Cruciate Ligament Rupture

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Anterior Cruciate Ligament Rupture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by an MRI left knee report by the radiologist, dated 21 November 2006.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a pop, immediate giving way and pain in the left knee, rapid swelling and pain in the medial calf on 14 August 2006.

The diagnosis was confirmed by MRI on 21 November 2006, which showed a complete mid-substance rupture of the anterior cruciate ligament with the typical pattern of bone bruising of the lateral femoral condyle and posterolateral tibial plateau, and a healing grade 2 strain of the medial head of the gastrocnemius. An orthopaedic surgeon confirmed the diagnosis on 5 December 2006.

This has then led to further investigations and the diagnosis of your condition of *Anterior Cruciate Ligament Rupture*. I have accepted your condition of *Anterior Cruciate Ligament Rupture*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 14 August 2006.

Left Knee - Anterior Cruciate Ligament Rupture (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 6 March 2006;
- A role 2 assessment and aspiration record by the medical officer, Iraq, dated 14 August 2006;
- A regimental aid post record by the medical officer, Iraq, dated 24 August 2006;
- An MRI left knee report by the radiologist, dated 21 November 2006;
- An orthopaedic consultation by the orthopaedic surgeon, dated 5 December 2006;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 14 January 2010;
- A role 2 assessment by the medical officer, Afghanistan, dated 3 April 2010;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 22 June 2010;
- An MRI left knee report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 29 June 2010;
- An operation report by the orthopaedic surgeon, dated 19 August 2010;
- An X-ray left knee report by the radiologist, dated 2 May 2013.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

7 March 2003 and 11 October 2013

Left Knee - Anterior Cruciate Ligament Rupture (Worsening)

You have stated that the worsening of your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Anterior Cruciate Ligament Rupture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by an MRI left knee report by the radiologist, dated 21 November 2006.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Sprain and Strain (Balance of Probabilities) (No. 28 of 2020)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a pop, immediate giving way and pain in the left knee, rapid swelling and pain in the medial calf on 14 August 2006.

The diagnosis was confirmed by MRI on 21 November 2006, which showed a complete mid-substance rupture of the anterior cruciate ligament with the typical pattern of bone bruising of the lateral femoral condyle and posterolateral tibial plateau, and a healing grade 2 strain of the medial head of the gastrocnemius. An orthopaedic surgeon confirmed the diagnosis on 5 December 2006.

After the condition arose, it was worsened during your service. On 3 April 2010, while handling a tow chain during a vehicle recovery, you slipped from a wheel arch and landed on your left leg carrying about 30 kg. In the same fall on 3 April 2010 you pushed off forcefully with your left leg to avoid going under the vehicle, contracting the medial gastrocnemius while it was stretched, and had sudden pain in the medial calf recorded at the role 2 facility. After your return to Australia an orthopaedic surgeon recommended reconstruction on 5 December 2006, but the

operation was deferred because of unit commitments and the request was not progressed for more than three years.

This has then led to further investigations and the diagnosis of your condition of *Anterior Cruciate Ligament Rupture (Worsening)*. I have accepted your condition of *Anterior Cruciate Ligament Rupture (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 29 June 2010.

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